Meeting Attendees			
Name	Organization		
Ron Levy (Acting Co-Chair)	Missouri Department of Social Services		
Jean Bardwell	Ranken Jordon Pediatric Hospital		
Dave Cheli	Gateway, EDI, LLC		
Teresa Gerard	Blue Cross Blue Shield of KC; Kansas City Quality Improvement Consortium		
Rachelle Glavin	elle Glavin MO Coalition of CMHCS		
E. Benton Goon	Benton Goon Missouri Institute of Mental Health		
Jim Hansen	CareEntrust		
Jessica Land	Patek & Associates		
Daniel Landon	Hospital Industry Data Institute (MHA)		
Patrick Luebbering	rick Luebbering Missouri Department of Social Services		
Jim McMillian Capital Region Medical Center			
Patrick Mills	ck Mills Missouri State Medical Association		
Ebrahim Moshiri	him Moshiri Object Computing, Inc.		
Brian Roy	n Roy Availity, LLC		
Elizabeth Scott	peth Scott Molina Healthcare of Missouri		
William Shoehigh	Microsoft and Dell		
Tim Swinfard	Missouri Coalition of Community Mental Health Centers		
Helen Thompson	Heartland Health & Lewis and Clark Information Exchange (LACIE)		
Pam Victor	HealthCare USA		
Staff			
Brian Kinkade	nkade Missouri Department of Social Services		
Pat Leubbering	bbering Missouri Department of Social Services		
Bill Bernstein	Manatt Health Solutions		
Kier Wallis	Manatt Health Solutions		

#### **Next Meeting**

Webinar to be scheduled the week of December 21 205 Jefferson St, Jefferson City MO 10th floor Conference Room B

The Finance Workgroup will meet bi-weekly in Jefferson City. In-person attendance is strongly recommended.

#### **Action Items**

- Please contact Workgroup staff (contact information below) with questions about the Workgroup framework, process, or timeline
- > Establish and convene sub-committee to review financial model with Manatt
  - Volunteers: Jim Hansen, Helen Thompson, Teresa Gerard, Brian Kinkade, Pat Luebbering

## Content Reviewed

Materials are available online at http://www.dss.mo.gov/hie/index.shtml

# > HIE and HITECH Opportunities Overview

- Definitions: Health information exchange (HIE); Regional health information organization (RHIO); Health information organization (HIO); Electronic medical record (EMR); Electronic health record (EHR); Personal health record (PHR)
- Opportunities: Medicare and Medicaid payment incentives for health information technology (IT) adoption; appropriations for HIE development; appropriations for health IT (regional centers); broadband and telehealth; workforce development; beacon communities
- Meaningful use: Providers can draw down incentives by using certified EHR technology in a meaningful manner, including: electronic prescribing, electronic exchange of health information, and reporting on clinical quality measures
- o Missouri's projected meaningful use and HIE stimulus funding:
  - State HIE Program: \$13.8M
  - Medicare meaningful use: \$442M
  - Medicaid meaningful use: \$404M
- Missouri is a state without a strategic or operational plan; Missouri submitted an application for planning funding to develop a strategic and operational plan in 2010
- States across the country are taking different approaches to HIE (e.g. Idaho, Indiana, New York)
- Project Overview
  - Workgroup Framework The Workgroups will provide recommendations for review and consideration of the Advisory Board. The six Workgroups are interrelated; issues and recommendations will need to be vetted across Workgroups.
  - o Project Timeline
  - Strategic Plan Requirements
- > Funding Sources for Building HIE Across a State
  - Federal sources
    - State HIE grant
    - Regional centers
    - Medicaid administrative funding
    - Medicaid incentives
  - State-based sources
    - State revenue
    - Medicaid managed care programs
    - Provider remittance fees
    - Insurance claims adjudication fees

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# Key Commentary & Discussion

- Director Levy reviewed the Governor's opening remarks from the Advisory Board kickoff meeting, emphasizing the opportunity for improving the affordability, quality, and value of health care.
- As the other Workgroups develop what the "IT" is that Missouri will develop, the Finance Workgroup should try to estimate the cost of building and operating the "IT" for five years.
  - Develop the up-front capital and continuing operating budget to operate statewide HIE for five years
  - Start date: TBD, but likely October 2010 when meaningful use payments begin to flow to providers
  - Decisions around prioritized clinical and technical services among other Workgroups must be fed to the Finance Workgroup to inform modeling exercise
- > The Strategic Plan requires the development of a business plan that enables financial sustainability by the end of the project period of HIE governance and operations.
  - The Operational Plan requires detailed cost estimates and staffing plans for the implementation of the Strategic Plan and for the time perid covered by the Operational Plan
- Manatt has started building a cost model that the Workgroup can review and "plug" numbers into.
- > The Workroup would like to consider cost avoidance assumptions and revenue streams as part of the financial model.
  - o Stakeholders are interested in quantifying the return on investment (ROI)
- Current health IT investments in Missouri have not resulted in great physician uptake and adoption; a financial model should consider the need to support physician adoption and utilization.
  - Assisting Missouri's providers to achieve meaningful use is a short-term objective
- > The Workgroup may want to consider alternative revenue and funding sources (e.g. state tax credit, assessment on insurance revenue, state-based pricing).
- Workgroup members represent important Missouri constituencies; Workgroup members and others will need to "sell" the Workgroup's decisions and recommendations internally.
- > The historical vendor-based integration model is expensive and will be challenging to implement statewide; Missouri should consider alternative approaches to leverage economies of scale and promote affordable solutions to ensure no provider is left behind.
- Meaningful use payment may flow through "qualified intermediaries," rather than to physicians directly; in this scenario it may be possible to direct a portion of incentive payments to contribute to funding health information exchange and quality improvement/reporting initiatives.
- There is a lack of funding to help providers with up-front costs to purchase and implement EHRs; in other states, foundations have helped to support providers' investments.
- ➤ Once HIE is in place, there may be other revenue sources possible through research organizations, care management companies, etc.

### Key Decisions

- Providers will face difficulties purchasing and implanting health IT/EHRs without some form of loan or capital assistance.
- The Workgroup will review and vet a financial model to being costing out the build and operation of statewide HIE for Missouri.

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	A	No provider should be left behind.
<b>Next Meeting</b>	$\wedge$	Review draft financial model and assumptions
	$\triangleright$	Review other state approaches and financing mechanisms
Workgroup	$\wedge$	Brian Kinkade - <u>Brian.D.Kinkade@dss.mo.gov</u>
Staff Contact		Pat Luebbering - <u>Patrick.Luebbering@dss.mo.gov</u>
Information		Bill Bernstein – <u>wbernstein@manatt.com</u>
	A	Kier Wallis – <u>kwallis@manatt.com</u>